PTO/SB/17 (06-07)

Approved for use through 06/30/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.	
ees pursuant to the Consolidated Appropriations Act, 2005 (H.R.	4818).

## FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known				
Application Number	10/523,802-Conf. #6177			
Filing Date	February 9, 2005			
First Named Inventor	Mathias Locher			
Examiner Name	K. L. Brooks			
Art Unit	1609			
Attorney Docket No.	42804-212835			

TOTAL AMOUNT OF PA	AYMENT	(\$) 0.00	A	ttomey Docket	No.	42804-212835		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
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For the above-ide	•	·	Director is he		•	• • • • • • • • • • • • • • • • • • • •		
Charge fee	(s) indicated bel	OW		Charge	e fee(s) in	dicated below, ex	cept for the	he filing fee
	additional fee(ser 37 CFR 1.16 a	, ,	ments of	x Credit	any overp	payments		
FEE CALCULATION								
1. BASIC FILING, SEAR								
		G FEES	SEAR	CH FEES	EXAMII	NATION FEES		
Application Type	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	· · · · · · · · · · · · · · · · · · ·	·
2. EXCESS CLAIM FEES	;							Small Entity
Fee Description Each claim over 20 (incl	uding Reissues)						Fee (\$)	<u>Fee (\$)</u> 25
Each independent claim	over 3 (includin	g Reissues)					200	100
Multiple dependent clain	Multiple dependent claims 360 180							
Total Claims Ext	ra Claims F	ee (\$)	Fee Paid	d (\$)	<u>M</u>	ultiple Depende	nt Claims	
- 20 =	x				<u>F</u>	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	દો
HP = highest number of total (	claims paid for, if gre	eater than 20.				<del></del>		
<u></u>		<u>ee (\$)                                    </u>	Fee Paid	d (\$)				
	-3 = X = HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non English Specifies	ation \$120 for	(no small s	titu diaaa	.+)			<u>Fees</u>	<u>Paid (\$)</u>
	Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):							
Other (e.g., late filing	surcharge):							
SUBMITTED BY								

SUBMITTED BY				· · · · · · · · · · · · · · · · · · ·	
Signature	- 1. Um	Registration No. (Attorney/Agent)	36,830	Telephone	(202) 344-4000
Name (Print/Type)	Ann S. Hobbs			Date	July 16, 2007

PTO/SB/21 (04-07)

STANTE TRADERINA

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/523,802-Conf. #6177

Filing Date February 9, 2005

First Named Inventor Mathias Locher

Art Unit 1609

Examiner Name K. L. Brooks

Attorney Docket Number 42804-212835

ENCLOSURES (Check all that apply)						
X Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC				
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
X Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final	Petition to Convert to a Provisional Application	Proprietary Information				
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter				
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):				
Express Abandonment Reque	st Request for Refund					
Information Disclosure Statement CD, Number of CD(s)						
Certified Copy of Priority Document(s)	Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application	Remarks					
Reply to Missing Parts to 37 CFR 1.52 or 1.53	nder					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name VENABLE LLP						
Signature C_1. Um						
Printed name Ann S. Hobbs	Ann S. Hobbs					
Date July 16, 2007	Reg. No	36,830				

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Mathias LOCHER et al.

U.S. Application No. 10/523,802

Confirmation No. 6177

Filing Date: February 9, 2005

For: NOVEL COMBINATION OF

GLUCOCORTICOIDS AND PDE-

4 INHIBITORS...

Art Unit: 1609

Examiner: Kristie Latrice Brooks

Atty. Docket No. 42804-212835

Customer No.

26694
PATENT TRADEMARK OFFICE

## **Amendment**

Mail Stop: Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

Prior to calculation of the fees, please amend the above-identified U.S. patent application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Abstract begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks begin on page 6 of this paper.

Please charge any necessary fee, or credit any refund, to deposit account number 22-0621 and advise the undersigned.